

**2019 CONTRA COSTA COUNTY
MONTHLY DENTAL PLAN PREMIUMS**

**RETIREES REPRESENTED BY
DISTRICT ATTORNEY INVESTIGATORS' ASSOCIATION
AT THE TIME OF RETIREMENT**

DEDUCTIONS EFFECTIVE JANUARY 1, 2019

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Retiree	\$44.17	\$33.56	\$10.61
	Retiree + 1	\$99.49	\$75.59	\$23.90
	Retiree + 2 or more	\$99.49	\$75.59	\$23.90
For CalPERS Health Plans	Retiree	\$44.17	\$33.56	\$10.61
	Retiree + 1	\$99.49	\$75.59	\$23.90
	Retiree + 2 or more	\$99.49	\$75.59	\$23.90
Without a Health Plan	Retiree	\$44.17	\$43.31	\$0.86
	Retiree + 1	\$99.49	\$97.56	\$1.93
	Retiree + 2 or more	\$99.49	\$97.56	\$1.93
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Retiree	\$29.06	\$22.30	\$6.76
	Retiree + 1	\$62.81	\$48.19	\$14.62
	Retiree + 2 or more	\$62.81	\$48.19	\$14.62
For CalPERS Health Plans	Retiree	\$29.06	\$22.30	\$6.76
	Retiree + 1	\$62.81	\$48.19	\$14.62
	Retiree + 2 or more	\$62.81	\$48.19	\$14.62
Without a Health Plan	Retiree	\$29.06	\$28.91	\$0.15
	Retiree + 1	\$62.81	\$62.49	\$0.32
	Retiree + 2 or more	\$62.81	\$62.49	\$0.32